

Alaska

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State CARE Act Program Profile

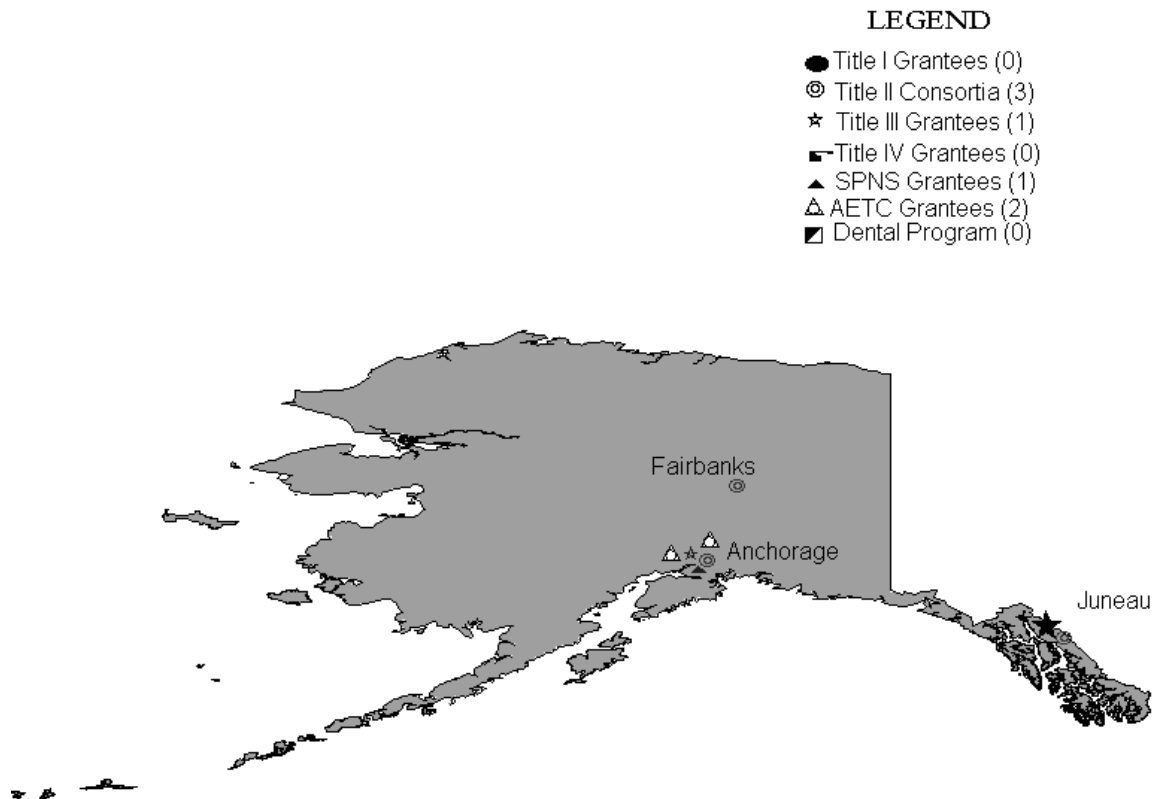
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$288,443	\$362,917	\$444,562	\$1,095,922
ADAP	(\$38,443)	(\$112,917)	(\$194,562)	(\$345,922)
Title III	\$128,988	\$338,388	\$228,988	\$696,364
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$278,218	\$303,818	\$582,036
AETC	\$37,849	\$40,000	\$40,000	\$117,849
Dental	\$0	\$0	\$0	\$0
Total	\$455,280	\$1,019,523	\$1,017,368	\$2,492,171

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	1	4	1
Title IV	0	0	0
SPNS	0	1	1
AETC (grantee or collaborator)	2	2	2
Dental	0	0	0

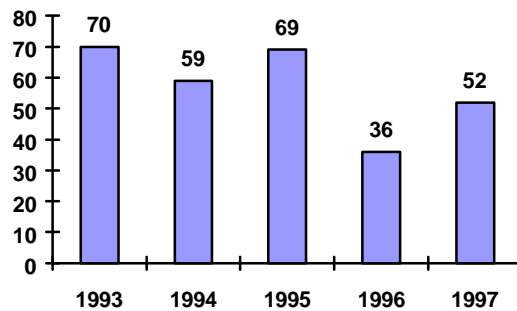
Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Alaska (Pop. 609,311)

- ▶ Persons reported to be living with AIDS through 1997: 204
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 286 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	81%	78%
Women (13 years and up):	19%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	56%	33%
African American:	8%	45%
Hispanic:	6%	21%
Asian/Pacific Islander:	2%	<1%
Native American/Alaskan Native:	29%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	40%	35%
Injecting drug user (IDU):	21%	24%
Men who have sex with men and inject drugs (MSM/IDU):	0%	4%
Heterosexual contact:	10%	13%
Other, unknown or not reported:	29%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	225.3	194.5
Gonorrhea (1996)	77.2	124.0
Syphilis (1996)	0	4.3
TB (1997)	12.8	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** lack of housing assistance due to HOPWA funding cuts in some areas (plus, in some remote areas, available housing does not meet HOPWA requirements); potential for loss of medical benefits for PLWH/A returning to work; and needs for coordination of services across geographical regions and due to changing provider service systems
- ▶ **Emerging Needs:** patients with complex, co-existing mental health or substance abuse problems, and those who are in the process of qualifying for medical assistance, may experience delays in accessing services or disruptions in some services; lack of residential substance abuse treatment for clients who live in remote communities; and lack of funding for travel (to and from remote areas) to access/provide services

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL

*Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): No

Title II: Alaska

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$288,443	\$362,917	\$444,562	\$1,095,922
ADAP (included in Title II grant)	(\$38,443)	(\$112,917)	(\$194,562)	(\$345,922)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$191,712/43%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$191,712)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$196,644/44%
Health Care*	(\$52,842)
ADAP/Treatment	(\$17,091)
Case Management	(\$112,039)
Support Services**	(\$14,672)
Administration, Planning and Evaluation (Total State/Consortia)	\$56,206/13%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 3

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Anchorage/Statewide HIV Care Consortium	Anchorage	Anchorage and surrounding communities, plus all areas of the State not served by one of the other two consortia	\$155,000
Interior HIV Care Consortium	Fairbanks	Fairbanks, North Star Borough, and the immediately adjacent communities	\$34,000
Southeast Alaska HIV Care Consortium	Juneau	Juneau and Southeast Alaska	\$24,000

Accomplishments

Clients Served (duplicated count), FY 1996:	260
Men:	78%
Women:	22%
<13 years old:	2%
13-19 years old:	0%
20+ years old:	98%
White:	65%
African American:	8%
Hispanic:	8%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	19%

Men who have sex with men (MSM):	56%
Injecting drug user (IDU):	4%
Men who have sex with men and inject drugs (MSM/IDU):	16%
Heterosexual contact:	22%
Other, unknown or not reported:	2%

► **Improved Patient Access**

- During 1997, the three regional HIV care consortia provided primary medical care and support services to 301 individuals, a 25% increase since 1994, and a 140% increase since 1991, when the program was initiated.
- The increase in Title II funding in FY 1996 was used to establish the first statewide AIDS Drug Assistance Program in Alaska, which has served 36 people in 1997 (31 of whom were new) and 42 in 1998 (18 of whom were new). All ADAP clients are receiving combination antiretroviral treatments that include protease inhibitors.
- The expansion in ADAP funding for 1997 also enabled the State to expand eligibility for persons from 200% FPL to 300% FPL.
- Services provided under Title II-funded consortia include case management, primary medical care, viral load testing, health insurance continuation, medications not covered on the ADAP formulary, transportation, substance abuse treatment, mental health, and dental services.
- The number of clients reported accessing Title II-funded primary medical care increased more than 10-fold from 12 units in 1996, to 133 units in 1997.
- Title II funds supported an eight-fold increase in substance abuse treatment, from 40 units of service in 1995 to 361 units of service in 1997. In addition, there was a 126% increase in Title II-funded mental health services from 91 visits in 1995 to 206 visits in 1996.

AIDS Drug Assistance Program (ADAP): Alaska

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$38,443	\$112,917	\$194,562	\$345,922
State Funds	\$0	\$0	\$0	\$0
Total	\$38,443	\$112,917	\$194,562	\$345,922

Program

- ▶ Administrative Agency: Dept. of Hlth & Soc. Svcs
- ▶ Formulary: 13 drugs, 5 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: Input from PLWH has been sought on issues regularly discussed in local consortia meetings and on issues specific to the ADAP.
- ▶ Enrollment cap: Yes
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Title III: Alaska

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	4	1	
Total Title III funding in State	\$128,988	\$338,388	\$228,988	\$696,364

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 797
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 90
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 17
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 18%
 - ▶ from 200 to 499: 18%
 - ▶ above 500: 47%
 - ▶ unknown: 18%

Accomplishments

Clients served (primary care only), 1996:	90
Men:	90%
Women:	10%
<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%

White:	66%
African American:	12%
Hispanic:	17%
Asian/Pacific Islander:	2%
Native American/Alaskan Native:	3%

Men who have sex with men (MSM):	54%
Injecting drug user (IDU):	11%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	28%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	7%

► Improved Patient Access

- Since receiving Title III funds in 1997, the Anchorage Neighborhood Health Center has provided HIV counseling and testing services to 878 individuals, more than doubling the number receiving services in FY 1994 and FY 1995.
- While the seroprevalence of HIV infection is low in Alaska, the Anchorage Neighborhood Health Center serves a disproportionate number of at-risk and minority clients. By offering HIV testing and counseling in the shelters where the clinic staff provides primary care, the program reaches this targeted population.
- The grantee noted a significant increase in the number of HIV-infected clients served at the Anchorage Neighborhood Health Center since Title III funds were awarded. Since 1994, the total number of clients served has increased by 22%.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Anchorage Neighborhood Health Center	Anchorage	Anchorage and clients from Valdez, Soldotna & Fairbanks	Community and Migrant (329/330) Health Center

Planning Grants

1997 - AIDS Care Network - Anchorage
1997 - Interior AIDS Association - Fairbanks
1997 - Shanti of SE Alaska - Juneau

Special Programs of National Significance (SPNS): Alaska

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	0	1	1	
Total SPNS Funding in State	\$0	\$278,218	\$303,818	\$582,036

Project Descriptions

► Chugachmiut

Location: Anchorage

Project period: 2/97 - 1/02

Population Served: HIV-infected Alaskan Natives and their families

Description of Services: The Chugachmiut program is designed to meet the special needs of HIV-positive Alaskan natives living in remote villages and rural areas. By coordinating and integrating services within a network of organizations, the program allows clients to access care in their villages or as close to home as possible. Project interventions include a comprehensive intake and client evaluation tool to determine the needs of village residents; the development of individualized plans to meet those needs; and development of a monitoring system to determine client health and well being. Project staff provide training and education for community members concerning the importance of HIV testing and counseling. They also facilitate the exchange of information among providers in the network, and in other agencies working with Alaskan natives.

Project Highlights

- The Chugachmiut program has established formal linkages with seven provider organizations, in addition to agreements with village-based service organizations to provide coordinated, accessible HIV care to Alaskan natives in remote locations. The project has also collaborated with service providers to strengthen working relationships between out-of-village providers and village-based healthcare workers.
- The program has secured formal agreements with regional medical providers, the Alaskan AIDS Assistance Association, and a licensed clinical hypno-therapist to provide more comprehensive, and innovative HIV health services to clients and their families.

- Chugachmiut participated in and contributed to meetings and conferences with various HIV/AIDS and Native interest groups--including the Rural and Alaska Native Community and Public Health Advisory Group, the Ryan White and AIDS Network, Alaska Native Health Board, Rural Alaskan Native HIV Network, Women's Group in Nanwalek, the Alaska Native Medical Center, and the Community Health Services Division Case Managers' meeting in Chugachmiut--to exchange and disseminate information and increase awareness about the program.

AIDS Education and Training Centers: Alaska

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Northwest AETC (NWAETC)
- ▶ States Served: Alaska, Idaho, Montana, Oregon, Washington
- ▶ Primary Grantee: University of Washington, Seattle, WA
- ▶ Collaborators in State: AIDS Care Network - Anchorage
Dept. of Health & Social Services, AIDS/STD Program - Anchorage

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$37,849	\$40,000	\$40,000	\$117,849

Training Highlights from FY 1997

- In collaboration with the Washington State Department of Mental Health, SPNS grantees, and the Oregon Health Sciences University HIV Program, the AETC developed and facilitated a two-day integrated training for primary care providers and case managers. The training focuses on managed care issues, adherence, and collaborations between HIV/AIDS, mental health, and substance abuse case managers and care systems.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, a workshop on harm reduction was offered in June 1998. The workshop was geared toward substance abuse educators, counselors, HIV/AIDS and mental health case managers. Issues addressed at the training included substance abuse, harm reduction, and adherence to HIV/AIDS therapeutic regimens.
- The AETC co-sponsored a conference in Spokane titled, "HIV/AIDS Update with Grand Rounds." This course, attended by dentists and dental hygienists, included both lecture and the opportunity for participants to examine patients with oral manifestations.

- The AETC carried out several activities to disseminate information on the reduction of perinatal transmission of HIV. In 1997, two trainings were held for providers, one in Billings, Montana and the other in Portland, Oregon. In addition to the trainings, information on reducing perinatal transmission was mailed to 750 providers who work at primary care clinics. Medical directors at the clinics also received a book on the medical management of AIDS in women. The AETC also produced and distributed a fotonovella, an illustrated booklet that incorporates treatment information into a story, to assist providers in communicating information on reducing perinatal transmission to their patients.
- To educate providers about PHS treatment guidelines, a video on the treatment guidelines was distributed to every State Health Department in the region. In collaboration with the Washington State Department of Health-HIV/AIDS Client Services and early Intervention Program, and the Washington State Medical Association, a four-page needs assessment was developed to gather information on the knowledge level of Washington State primary care providers on HIV/AIDS therapeutics and assessment skills. Over 1,700 surveys were returned and the results will be used to tailor future training activities to the needs of providers.
- With supplemental AETC funds, the AETC is training primary care providers serving the Alaskan Native/Native American population in Alaska. This two-phase project, conducted in collaboration with the Alaskan Native Health Board, includes a needs assessment to be carried out in January 1999 and four regional trainings. The AETC also was one of the sponsors of AIDS Symposium, a statewide conference held in May 1998.
- The AETC maintains a web site that provides information about its services and products, including training schedules/descriptions and health education materials. In addition, the site links with other regional, national and international resources.
- The AETC collaborates and promotes the AIDS MEDCON service at the University of Washington. This telephone consultation service provides callers with a variety of HIV-related information such as clinical updates, information on new clinical trials, and bibliographies. New MEDCON callers inquiring about AIDS receive a "starter packet" that includes AIDS information and a description of the AETC's mission and services.